

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S) 10041686

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	1					51			DEP.
2							52			
3							53			
4							54			
5	1						55			
6							56			
7							57			
8							58			
9	1						59			
10							60			
11							61			
12							62			
13	1						63			
14							64			
15							65			
16							66			
17	1						67			
18							68			
19							69			
20	1						70			
21							71			
22							72			
23							73			
24	1						74			
25							75			
26							76			
27	1						77			
28							78			
29	1						79			
30							80			
31							81			
32							82			
33							83			
34							84			
35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	9						TOTAL IND.			
TOTAL DEP.	24						TOTAL DEP.			
TOTAL CLAIMS	33						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

33
32
379